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(Express Mail) mailing label
Number ER 636708101 US

Date of Deposit April 26, 2005

Hodgson Russ
ATTORNEYS

I hereby Certify that this paper or fee is being deposited with the United States Postal Service (Express Mail Post Office to Addressee service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

Martin G. Linahan

Name

Signature

Date

April 26, 2005

Mail Stop PCT
Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

Dear Sir:

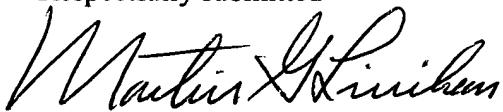
Re: Entry into the United States National Phase
International Patent Application No. PCT/JP2004/17880

Enclosed for filing for entering the national stage under 35 USC 371 is a check for \$500 for payment of the basic national stage fee, national stage search fee and national stage examination fee together with a copy of the International Application. Applicant claims small entity status. Also enclosed are a Preliminary Amendment to be entered upon filing of the national stage application and a copy of the PCT Request.

The executed Declaration and Power of Attorney also is enclosed.

If there is any deficiency in the basic national fee or processing fees at this time or during the pendency of this application, please charge such deficiency, or credit any overpayment, to Deposit Account No. 08-2442 of applicant's attorneys. A duplicate of this letter is enclosed for that purpose.

Respectfully submitted



Martin G. Linahan
Reg. No. 24,926

MGL/ka
encs.

30033/0010 BFLODOCS 1234288v1

Effective on 12/08/2004 Fees pursuant to Consolidated Appropriations Act, 2005 (H.R. 4818)		<i>Complete if Known</i>	
FEE TRANSMITTAL For FY 2005		Application Number	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 26, 2005
TOTAL AMOUNT OF PAYMENT (\$40.00)		First Named Inventor	Mikio Totani
		Examiner Name	
		Art Unit	
		Attorney Docket No.	30033.0010
METHOD OF PAYMENT (check all that apply)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input type="checkbox"/> Deposit Account Deposit Account Number: 08-2442		Deposit Account Name: Hodgson Russ LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
FEES CALCULATION			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			
FILING FEES <u>Application Type</u> <u>Fee (\$)</u>		SEARCH FEES <u>Small Entity</u> <u>Fee (\$)</u>	
<u>Small Entity</u> <u>Fee (\$)</u>		EXAMINATION FEES <u>Small Entity</u> <u>Fee (\$)</u>	
Utility 300		150 500 250 200 100	
Design 200		100 100 50 130 65	
Plant 200		100 300 150 160 80	
Reissue 300		150 500 250 600 300	
Provisional 200		100 0 0 0 0	
2. EXCESS CLAIM FEES			
<u>Fee Description</u>			
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent <u>Small Entity</u> <u>Fee (\$)</u> 50 25			
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent <u>Small Entity</u> <u>Fee (\$)</u> 200 100			
Multiple dependent claims <u>Small Entity</u> <u>Fee (\$)</u> 360 180			
<u>Total Claims</u>		<u>Extra Claims</u> <u>Fee (\$)</u>	
-20 or HP = _____ x _____ = _____		<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20		<u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> _____ _____	
<u>Indep. Claims</u>		<u>Extra Claims</u> <u>Fee (\$)</u>	
-3 or HP = _____ x _____ = _____		<u>Fee Paid (\$)</u>	
HP = highest number of independent claims paid for, if greater than 3			
3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
<u>Total Sheets</u>		<u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>	
- 100 = _____ / 50 = _____ (round up to a whole number)		x _____ = _____	
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			
Other: Assignment recording fee <u>Fees Paid (\$)</u> _____ \$40.00			

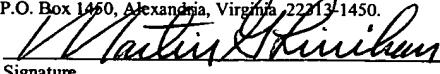
SUBMITTED BY			
SIGNATURE 	Registration No. (Attorney/Agent) 24,926	Telephone 716-856-4000	
NAME (Print/Type) Martin G. Linihan	Date of Deposit April 26, 2005 Date of Signature April 26, 2005		

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Martin G. Linihan
 Name

Signature


April 26, 2005
 Date of Signature